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The Bibliotheca Medica Canadiana is a vehicle for providing increased communication among all health libraries and librarians in Canada, but has a special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editors are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association whenever possible. Submissions in English or French are welcome, preferably in both languages.

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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes les bibliothèques eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on suggère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues.

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FROM THE EDITORS

In this issue of BMC A Word from the President takes a look at some of the terminology that is prolific within CHLA and, in particular, terms that denote cooperation and communication among librarians and libraries. As Diana Kent says, these terms are not used loosely by librarians but convey a sense of purpose which we all share. Occasionally, however, we let slip jargon that does not precisely delineate our intended meaning; a case in point is the use of the term "network" as it appeared in the last Call for Papers. There are, in fact, relatively few cooperative health library arrangements in Canada that can rightly be termed networks. However, many excellent cooperative arrangements exist and these are well documented here.

The library profession has long recognized the value of sharing information, resources and expertise; perhaps to a greater extent than any other professional group. In this issue of BMC the health library community at large has rallied to share information about local cooperative services and, in so doing, has fused form and content. For this the Editors are extremely grateful and hope that the Call for Papers on page 46 will elicit a similar response.

Jan Greenwood
Editor

Tom Flemming
Assistant Editor

* * * * * * * * * *

A WORD FROM THE PRESIDENT

Diana Kent

Have you ever noticed how many words beginning with the letter "C" are used in the health sciences library literature to describe optimum relationships among libraries and librarians? I am referring to such words as communication, cooperation, consultation, collaboration, contribution, colleagues, chapters and committees.

Even the Bibliotheca Medica Canadiana and the CHLA/ABSC Bylaws are not immune. The BMC is described as "a vehicle for providing increased communication among all health libraries and librarians in Canada, but has a special commitment to reach and assist the smaller, isolated health library worker". The following objectives are found in the Association's Bylaws:

> CHLA shall also encourage communication and cooperation among its members and shall seek to advance their educational development by any means at its disposal.
>
> In order to further the interests of its members, the Association shall undertake from time to time to consult and collaborate with other professional, technical and scientific organizations in Canada or abroad in matters of mutual interest.

These are not trendy, meaningless words: the Association has been and is energetically engaged in putting them into action.

BMC has developed into a professional journal that is indexed in Library and Information Science Abstracts and the Cumulative Index to Nursing and Allied Health. Each year, it reaches more health libraries as the members and the subscriptions increase. It communicates with workers in these libraries and contributes to their professional development.

David Crawford, the Past President, has been appointed CHLA/ABSC representative on the joint National Library of Canada/Canada Institute for Scientific and Technical Information Task Force on Union Lists. This collaboration was initiated by CHLA/ABSC to urge NLC and CISTI to improve their union lists to facilitate communication and cooperation among the library community in general and the health library community in particular.

A letter was sent in July to the Honourable Marcel Masse, Minister of Communications, expresssing CHLA/ABSC's support for the Canadian Library Association's resolution urging continuing funding for the development of the National Library's open electronic information network. This open systems connection (OSI) will allow all participants in the information sector to overcome electronic communication problems brought about by the great diversity of computer hardware and software.

CanHealth, (another "C"), has been published as the Association's first Occasional Paper. It was given gratis to the participants at the 5th International Congress on Medical Librarianship in Tokyo in late September as a gesture of international cooperation and communication.

Over the past few months, CHLA/ABSC colleagues have been consulted by three questionnaires asking for answers on end-user searching, membership analysis continuing education needs and interests, and services provided in hospital libraries.

By the time you read this, CHLA/ABSC and the Association of Canadian Medical Colleges Special Advisory Committee will have had a joint meeting with Mr. Elmer Smith, Director of CISTI, to discuss another collaboration, the CHLA/ACMC Brief to CISTI on the Role of the Health Sciences Resource Centre and Health Information Needs. A report on the Brief and the meeting will be included in a future issue of the BMC.

Committees are very valuable components of the Association and are always under review. Although the Consumer Health Committee was dissolved at the June 12th Board Meeting, the Board fully supports consumer health information activities. It felt simply that communication, cooperation and consultation among those health sciences librarians interested in this subject is most effective at the local rather than at the national level.

Chapters are also very important components of the Association and there are now ten chapters coast to coast. To further communication, every effort has been and will be made for the closest Board member to attend a chapter meeting whenever invitations to the Board are extended. Conversely, Board meetings are open and chapter presidents and committee members are welcome to attend and participate whenever possible.

I have outlined some of the recent activities to illustrate how CHLA/ABSC is putting into practice what it preaches. It is an ongoing process; there will be much more to report on during the coming months.

* * * * * * * * * *

UN MOT DE LA PRÉSIDENTE

Diana Kent

Avez-vous remarqué combien de mots qui commencent par la lettre C sont employés dans la documentation des bibliothèques des sciences de la santé pour décrire les relations optimales entre les bibliothèques et les bibliothécaires? Je pense à des mots comme coopération, communication, consultation, collaboration, contribution, collègues et comités.

Même Bibliotheca Medica Canadiana et le règlement intérieur de l'ABSC/CHLA ne sont pas à l'abri. BMC est considéré comme "un moyen d'assurer une meilleure communication entre les bibliothèques et les bibliothécaires des sciences de la santé du Canada, qui s'adresse de façon toute particulière aux personnes oeuvrant dans des bibliothèques plus petites et isolées". Dans le règlement intérieur de l'Association, on trouve les objectifs que voici:

> L'ABSC encourage également la communication et la coopération entre ses membres et cherche à favoriser leur perfectionnement par tous les moyens possibles.

> Afin de défendre les intérêts de ses membres, l'Association consulte d'autres organismes professionnels, scientifiques ou techniques au Canada ou à l'étranger, et collabore avec eux afin de réaliser des objectifs communs.

Ce ne sont pas là des mots à la mode mais vides de sens: l'Association cherche vigoureusement à les mettre en oeuvre.

BMC est désormais une revue professionnelle qui est indexée dans Library and Information Science Abstracts et dans Cumulative Index to Nursing and Allied Health. Chaque année, elle atteint un plus grand nombre de bibliothèques de la santé car le nombre de membres et d'abonnements augmente. Elle permet de communiquer avec le personnel de ces bibliothèques et favorise leur épanouissement professionnel.

Notre président sortant, David Crawford, a été nommé représentant de l'ABSC/CHLA au sein du Groupe de travail mixte sur les catalogues collectifs (Bibliothèque nationale du Canada/Institut canadien de l'information scientifique et technique). Sa participation a été sollicitée par l'ABSC/CHLA afin qu'il exhorte la BNC et l'ICIST à améliorer leurs catalogues collectifs de façon à faciliter la communication et la coopération entre les bibliothèques en général et, en particulier, entre les bibliothèques de la santé.

Une lettre a été envoyée en juillet à l'honorable Marcel Masse, ministre des Communications, afin de manifester l'appui de l'ABSC/CHLA en ce qui concerne la résolution de la Canadian Library Association qui recommande instamment qu'on continue de financer l'éboration du réseau électronique ouvert de la Bibliothèque nationale. Cette interconnexion de systèmes ouverts (ISO) permettra à tous les participants dans le secteur de l'information de surmonter des problèmes de communication électronique suscités par la grande diversité des appareils et logiciels informatiques.

CanHealth (encore un C) est la première publication occasionnelle de l'Association. Elle a été remise gratuitement aux participants de 5e Congrès international de bibliothéconomie médicale, tenu à Tokyo à la fin de septembre, au nom de la coopération et de la communication internationale.

Depuis quelques mois, nos collègues de l'ABSC/CHLA ont été consultés grâce à trois questionnaires sur les recherches menées par l'utilisateur final, les besoins et souhaits des membres en matière de formation et les services offerts dans les bibliothèques d'hôpital.

Lorsque vous lirez ces lignes, l'ABSC/CHLA et le comité consultatif spécial de l'Association des facultés de médecine du Canada auront tenu une réunion mixte avec M. Elmer Smith, directeur de l'ICIST, au sujet d'un autre genre de collaboration, le mémoire présenté par l'ABSC/CHLA à l'ICIST sur le rôle du Centre bibliographique des sciences de la santé et les besoins documentaires connexes. Un rapport sur ce mémoire et la réunion en question sera publié dans BMC.

Les comités sont un aspect important du travail de l'Association et ils sont constamment passés en revue. Le comité de la santé des consommateurs a été dissous par le Bureau à sa réunion du 12 juin, mais le Bureau appuie pleinement les activités documentaires en matière de santé des consommateurs. Il estime tout simplement qu'il serait plus efficace de poursuivre la communication, la coopération et la consultation entre les bibliothèques des sciences de la santé qui s'y intéressent à un niveau local plutôt que national.

Les sections de l'Association sont aussi un élément important et on en compte maintenant dix d'un océan à l'autre. Pour assurer la communication, le membre du Bureau le plus proche s'efforce, dans la mesure du possible, de participer aux réunions des sections chaque fois qu'une invitation est transmise au Bureau. Inversement, les réunions du Bureau sont ouvertes aux présidents de sections et aux membres des comités qui désirent participer.

J'ai donné un aperçu de nos activités récentes pour montrer comment l'ABSC/CHLA met en pratique ce qu'elle prêche. Ce travail n'est jamais terminé et nous en reparlerons au cours des mois à venir.

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ERRATUM

BMC Index: Volume 4-6, 1982-85

The Editors regret that a page of the author listing was inadvertantly printed in the subject listing of the index that was published in the last issue of **BMC**. Please substitute the enclosed correction for leaf number three (beginning **Ditrolio F.**) in the subject index.

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CALL FOR PAPERS

The Editors of **BMC** plan to devote the next issue; Volume 7, No. 3, to the subject of **REHABILITATION** and are relying on you, the readers, to volunteer appropriate articles or other items on the chosen topic. We ask that you contact any local institutions in the rehabilitation field to submit any information that might be of interest to our readers or that they might wish to publicize. The copy deadline is **November 15, 1985.**

Future issues, to give you plenty of warning, will address such topics as end-user searching, literature of the allied health field and writing skills. As always your suggestions are welcome and we look forward to hearing from you

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ELECTRONIC PUBLISHING: MAJOR TRENDS

Oldrich L. Standera
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For the purposes of this paper the term electronic publishing describes a wide variety of processes in which material to be published is electronically processed at one or more stages. Electronic processing can begin at the moment that ideas are conceived and may continue all the way to the moment of delivery on the screen as, for example, in the case of an electronic journal or Videotex pages. Alternatively, the final product may be delivered to the consumer (reader) as a hard copy, in microform, audio tape, videotape, videodisc, braille, sound etc.

The discussion of electronic publishing technology in the following pages has been divided into "Non-Print-based" and "Print-based" methods. It may be safely predicted that both technologies will, in the future, be integrated to a large degree; this process has already started. Dealing with both print and non-print based publishing allows us to take a much broader view of present events and better enables us to assess what is in the cards for the publishing of tomorrow.

Electronic document delivery (EDD) is a term which merits definition in the context of electronic publishing. EDD is a service providing the electronic communication channel through which a client may obtain the desired document(s). The client may be the ultimate user (reader) or an intermediary (e.g. librarian) who procures the document for the end-user. In some systems EDD is an organic part of the electronic publishing scheme rather than a separate entity.

In non-print-based electronic publishing batch information retrieval has been all but replaced by online information retrieval which has widened its scope by adding numeric, statistical, directory-type and other databases to the bibliographic ones. Searching the full text of documents has become common. Full text of documents may either be ordered online, for later delivery, or may be obtained directly at the terminal.

Microcomputers, thanks to their software, will continue to revolutionize the way information can be obtained online. The optical digital disk promises to be one of the factors which may change the prospects for locally distributed retrieval systems. The optical digital disk may become, in the near future, one of the mainstays of extensive publishing systems because of its huge storage capacity which will permit previously unthinkable applications.

The online public-access library catalogue has been taking libraries by a storm: computerized catalogues will enhance library services in that patrons will be able to retrieve more comprehensive information "published", not only by one, but by multiple libraries, and do so in an interactive manner, even in a remote mode.

The future of Videotex, which until now has not been able to make appreciable inroads into the publishing field, must be seen against the backdrop of competition from cable TV, pay TV, interactive TV, videodisc and enhanced user-friendly online retrieval services. Microcomputers offer what was formerly considered as Videotex's strength: namely graphics, colour and inexpensive display.

Even though cable TV cannot meet all of the requirements of electronic publishing, and electronic publishing alone cannot sustain cable TV, the possibility of transmitting voice, data, text, video and facsimile pages makes cable TV suitable for varied communication services such as data-base services, file and software downloading, electronic document delivery, polling, narrow-casting to selected audiences, and local area networks.

Videodisc may be utilized with advantage to store published pictorial information locally while a microcomputer can add interactivity. Microcomputers can also serve to provide access to remote textual databases complemented by locally stored pictures, or they can be applied to support retrieval from textual databases stored locally by images on a videodisc.

Practically all of the essential functions of an electronic journal can be performed on a computer conferencing system and other useful tools can be built into the system whether it resides on a mainframe, minicomputer or, recently, on a microcomputer. The reasons why the electronic journal has not been generally accepted by the communication community are two-fold: in the first place technology has made it possible, but not yet convenient enough, and secondly, cost advantages are not significant enough to turn the tide and convert the conservative end-user. Also authors like to contribute to journals with some prestige, reviewers want to be able to comment in the text and on the margins and readily compare multiple versions, and readers prefer portable printed materials.

An overview of pre-press might lead one to believe that computers are all pervasive in the field. However, while computerization will help pre-press to do some things faster than humans and others that humans cannot do at all, the irony is that it may eventually lead to the demise of print-based publishing in its current form. What is likely to follow is a marriage of print-based and non-print-based electronic publishing, combined with electronic document delivery, a system in which the boundaries will initially be difficult, and later impossible to define. This stage might perhaps best be called "integrated electronic communication" characterized by ease of use, compatibility of component systems and networks, and a variety of peripheral equipment.

Computerization has been the foundation upon which two major trends have developed. Digital graphics allow for more graphics to be included in publications of all kinds, both in "pure" electronic technologies as well as in print. CAD/CAM technologies, initially only of marginal interest to the publishing industry, have moved into the mainstream of events and, melding the vector formats with text and raster format, have presented yet another challenge to system designers. Use of more and better colour illustrations is yet another trend made feasible by the increasing power of computers.

Developments in the changing author-editor-reviewer relationship due to the growing volume of "compuscripts", submitted by authors embracing the new technology, seek to cope with incompatibility of devices and multitudes of data formats.

Development in the modern pre-press, is characterized, among other things, by endeavors to shorten the technological process which streamlines the component procedures, in much the same way as has occurred in other industries.

Text and graphics integration is a goal which has been strived at for a long time but is only now being refined. This process is computer-controlled, both in the print-bound and non print-based communication systems, and the data can be manipulated in all of the character, vector and raster formats as required by editorial and production considerations.

Technically, integration of text with graphics can be performed in a variety of ways: for instance, it may take place in a scanner, in a microcomputer-based system, to a limited extent even in a colour graphics station, in a "graphics paste-up-to-plate" sub-system, but most conveniently on a special page make-up station.

The current upheaval in pre-press technology has resulted in the border lines between individual conventional operations becoming somewhat vague. Whereas formerly one could clearly distinguish between the original data entry, typesetting and subsequent pagination with intermittent proofing, camera and final press, this is no longer the case with the new technology. These moving and ill-defined boundaries have implications for the author-system relationship, namely that the control over the final form of publication is moving closer to the originator.

When assessing the past, present and future contribution of computers to print-based (and, where applicable, to non-print-based) formal communication, one must not only appreciate the areas of design and production, but also the less conspicuous and less frequently reported "non-productive" business applications, such as statistics, accounting, promotion, fulfillment, mailing, questionnaires, forms, editorial office systems, varied "idea processors" to assist authors, as well as the potential to help libraries and other information warehouses with bibliographic control.

Electronic document delivery differs from conventional document delivery by the interposition of an electronic communication channel between the ultimate user or an intermediary and the supplier. EDDs may also be the "back-end" part of a comprehensive electronic publishing system, either in the "pure" electronic form (such as in electronic journals), or in the "dual" or parallel (both print and nonprint) form. The problems of EDD still to be resolved are mostly of a non-technical character, such as legal (copyright), economical and organizational considerations. Some traditional problems remain: the question of who is responsible for archives and the dilemma posed by low-circulation journals.

While any attempts to predict the future of electronic publishing are fraught with hazards because of the continuing volatility of the technology, the impact of artificial intelligence upon the industry is even more difficult. Nonetheless, the prospects are fascinating since there is no doubt that artificial intelligence has the capacity to change radically, in time, the face of electronic publishing. It is quite conceivable that in the near future we will take for granted being able to request a document in the language of one's choice, automated consultants and publishers, automated referral service and the employment of robots to do highly intellectual or routine mechanical tasks. Expert systems are already contending for recognition in the information knowledge industry: the interface between humans and databases will soon be revolutionized by the introduction of natural language capabilities and electronic journals may eventually be entirely processed by expert systems.

To summarize, artificial intelligence and electronic publishing have a great affinity for each other since electronic publishing is about computer-assisted modes of communication, while artificial intelligence strives to bridge the gap between humans and machines through systems that simulate the human mind. The contiguous areas of common concern are the information and knowledge-processing functions, both human and machine. This common ground is the reason why both print-and non-print-based electronic publishing, inclusive of electronic document delivery, stand to benefit from the anticipated, and already emerging, developments in artificial intelligence. Artificial intelligence may well become the catalyst for fully integrated electronic communication by facilitating use by humans of the new automated computer-based systems in knowledge acquisition, processing, dissemination and final assimilation.

HEALTH INFORMATION SYSTEMS: SURVIVAL AND ADAPTATION

Dr. W.L. Zwerman

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The following text is from Professor Zwerman's talk delivered at the end of the 9th CHLA/ABSC Annual Meeting and comprises his responses to the events of the preceding two days.

The discussions on the development of new academic information have covered everything from a simplistic theory of the impact of technological change on society to considerations of the details of the proposed new information systems. Some of this is fun to consider, but is not necessarily relevant to real daily problems. As a user, I really look forward to new information systems and would be very happy to see in place today an interactive advanced stage two system that I could afford.

I believe that there are short term alternatives for librarians in the new scheme of things, but adaptations will have to be made soon.

In considering the questions raised (during the conference) let us examine them from three points of view: 1) Surviving the analysis, 2) Individual survival, and 3) Collective responses to the changes - the profession responding.

Surviving the Analysis

The six points given below might help as you make the effort to read Academic Information in the Academic Health Sciences Centre: Roles for the Library in Information Management".(1)

1. Political Aspects

We are dealing with a political question as well as an analytic one. Witness the suggestion that these new systems should be centered in the library; logical and necessary, the paper says:

> "The library is the logical and necessary place to begin a process of planned change. When the library seeks support for itself, it does so as an adovcate of all who use or need information."(p.45)

The history of the introduction of EDP, within the University and outside of it, clearly indicates that this has not been the path which has been chosen. These systems are normally placed under the direct control of central administrations and not within academic units in the university or within staff units in industry and government. This is clearly recognized in the document when it is stated that one of the two major handicaps librarians work under is that their status may be insufficient to allow them to function as primary change-agents (p.47). This is also generally true of information specialists in the corporate context.

There is a battle or two in the future and you are starting with a moral claim but not much of a power base.

2. The New Technology

The new technology is unpredictable and complex and has been developed essentially as an information and Control technology; examples include washing machines, health technology, robots, etc. Technology cannot be understood, in its development or extensions, without recognizing its inherently complex nature.

While an argument can be made for the fact that all technologies are justified in terms of their extension of our control, information technology has such generalized control implications that it is quite distinct in this respect.

IT IS A DYNAMIC, COMPLEX AND UNPREDICTABLE TECHNOLOGY - WITH MAJOR POWER IMPLICATIONS

3. Homogenization of Information Systems

There will not be a homogenization of information systems since every situation calls for a different form of information processing and exchange. The office will never be exclusively electronic, anymore than it has ever relied exclusively on paper for the transaction of business. The mix will be more complex and the quantity of information processed will be far greater.

THERE ARE NO HOMOGENEOUS SYSTEMS

4. Compatibility

There is some misapprehension that the developing systems will easily link with one another. Compatibility will not characterize electronic systems in the foreseeable future because the rate of change is too great, new problems demand new systems and the market places a premium on system development. Innovation is rewarded and big stakes await those who introduce a new and successful product.

There will be no magical solution to the problem of incompatibility. Even the integration of the electronic options presents problems and is very expensive.

THERE IS NO COMPATIBILITY

5. Innovation

The development, operations and extensions of the system occur in complex patterns which are partially unpredictable and the behavioural implications of which are little understood.

The analysis is presented in a "linear" form while the actual process is anything but linear. There are NO diagrams of STAGE 1 and STAGE 2, except those which are drawn up at any given time to reflect the current history of the operation in an effort to pretend that the system has stabilized.

IT IS NOT A LINEAR PROCESS

6. Role and Behavioural Change

The social consequences of the new technology were felt immediately: experts in the field emerged and these "new stars" wrote and presented papers to each other and the uninitiated; new positions and organizational units with budgets and privileged lines of communication also appeared. The impact upon behaviour was instantly apparent.

A very good case can be made to the effect that librarians as we now know them will be almost extinct within the next 20 years, the effects being obvious now and the impact on the profession is accelerating. The rate, pattern and nature of that impact are open to question.

If we accept that most librarians will be around as managers and data entry personnel, and that a few will emerge as "super problem solvers", the fact remains that some "traditional librarians" will linger. Inevitably the changes that occur will be influenced by the individual circumstances that pertain. It should be noted that the roles of physicians, surgeons, nurses, and technologists, will also change very rapidly in the next few years.

So, what can you do and how should you respond?

Individual Survival

The introduction of a new technology often leaves room for incumbents to remain in place and retire ahead of the introduction of the new systems into their work space. The incumbents have a choice, of sorts, about whether they will adapt by learning the new technology or pursue the remaining niches. The latter is obviously an option for many librarians, but many positions have already been lost and more will go. The labour force is likely to continue to shrink into the foreseeable future because of an economic climate that has caused the cutting of budgets in areas sometimes defined as luxuries, such as libraries and education.

In such a situation several opportunities are available to incumbents:

1. Learn the new technology.
2. Move into general management.
3. Seek the niches which will remain in the system.
4. Retrain or retire.

1. Learning the New Technology

Keeping up with the new technology demands skills, at the very least to use the new information systems. There is a curious element to the technology which differentiates it from technologies like that of the automobile. (It has often been said that you don't need to know how to build or repair a car in order to drive one).

The difference in this case is that we are dealing with a very rapidly changing technology which has quirks and generally behaves in strange ways. The basic technology of the automobile did not change from the thirties to the seventies. The basic technology of electronic information systems is changing so rapidly that five year forecasting is difficult. Part of the reason for this is that computers are now used to design and construct more sophisticated computers and software systems; the latter are then used to do the same thing. For this reason it is relatively important to know something about computers.

Those with an inclination toward the new computer technology would be well advised to spend some time with it.

2. Management:

There will always be some opportunities in general management. The level of abstraction dealt with in general management removes one from the details of the system. Unfortunately, computer illiteracy also tends to weaken the power and authority of managers as they are forced to delegate important decisions to subordinates; decisions affecting such things as organization, client relations and budget matters.

Often current senior management is not competent to handle the changes and so gives way to the new breed below; muttering or cursing on the way out.

3. Niches

There are always a number of positions which escape the initial brunt of change. These tend either to be small and marginal operations or operations whose characteristics don't lend themselves to easy change.

The demand for traditional librarians will probably continue for longer in research-based operations than in those that are more routine.

Also, let us never forget that there will always be people who will "demand" people, i.e. librarians.

The point here is that the introduction and spread of new technologies does not occur instantly or evenly throughout the system.

4. Re-training and Retirement

One current form of adjustment is the Golden Handshake. For many an early sweetheart retirement is the answer. This is particularly the case for active people with wide ranging interests, as the retirement literature clearly indicates the prospect of a happy retirement for these people.

A second form of adjustment is often re-training. This provides, for some, an opportunity to get out of a trap. Not all librarians like their work. During the introduction of changes the opportunity to bail out is maximized. This alternative should never be discounted.

Collective Responses

This requires commitment, risk and passion. There hasn't been much passion demonstrated here. There have been enough polemical statements made to arouse many other groups - but not you. At the collective level - whether it be a small group in a single library, a consortium of libraries, the discipline or some form of umbrella organization - there is an absolute need for self-confidence, a belief in each other, a willingness to take risks and a passionate and compulsive commitment to defined objectives.

POINT: The "threat" is not to the existence of libraries or librarians, per se. The threat is to librarians and libraries as we know them as managers of public repositories of information. The private libraries are forming and they will cream the big markets if they are left to their own devices. They won't take everything - not the unprofitable - and they won't take the major markets all at once. BUT, the rate of development clearly indicates that the new complexes may become the dominant centres of the "new libraries" and that this will take twenty years at the most.

Do you believe in the public trust; in your capacity to serve it? Is it worth the effort?

Can you become guerrillas? Can you practice deception, lie, make end-runs and form alliances.

If you want to do anything it must be done in teams; individuals don't change systems. Power must be tapped at the highest levels you can reach.

If you are a health librarian, in a university library, in a Province or a State that is not funding education, you have a tough row to hoe. If you don't cultivate it, however, someone else will.

I really wish I had seen more emotion here - more anger and concern, more desire expressed to save those valued elements in the system which transcend the technologies.

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1. Matheson NW and Cooper JAD. Academic information in the academic health sciences centre: roles for the library in information management. J Med Educ 1982 Oct; 57(10), part 2.

1985 CONFERENCE CONTINUING EDUCATION ACTIVITIES

Margaret Taylor
Chair, Education Committee

This year, William Maes, the Conference CE Chair, organized two excellent courses for CHLA members. They were: CE 9 - CanHealth: Basic Reference Resources in Canada and CE 8 - Managing to Save Time.

CE 9, designed and conducted by Babs Flower, was an overview of basic reference services and resources in Canadian health libraries and was aimed at those individuals with limited experience in health science librarianship. The course content included sessions on directories, indexes, managing reference requests, answering questions, dealing with library committees. Methods for presentation of the material included lecture, panel discussion and role-playing. The 28 participants rated this course very highly, giving it an overall rating of 3.9 (out of a possible 5.0). Some of the comments were: "role-playing gave everyone an opportunity to participate"; "role-playing was the most fun"; "the positive atmosphere allowed different points of view to be aired".

CE 8 was designed and conducted by Dr. Bob Schulz, a professor in Management Studies at the University of Calgary. Twenty people were present at his workshop. Dr. Schulz's course was designed to help individuals to recognize and minimize the impact of time-wasters at work, to plan and organize work to get maximum use of the work-day and to set priorities that focus on essential versus non-essential work. Methods of instruction included lecture, games, time management exercises, and lots of class participation in identifying time-wasters. The overall rating of this course was an excellent 4.4 (out of 5.0) and comments given included: "nice blend of lecture and participation"; "lots of good practical suggestions" and "very practical applications for librarians".

REPORT OF THE EDITORS - BIBLIOTHECA MEDICA CANADIANA (July 1984 - June 1985)

Bonnie Stableford
Editor

Jan Greenwood
Assistant Editor

A. PUBLISHING ACTIVITY

	Pages	Feature Articles*	Comments
V.6#1	44	7	Conference Papers
V.6#2	48	6	Conference Papers
V.6#3	48	7	Occupational Health
V.6#4	44	8	Quality Assurance
V.6#5	48	4	Quality Assurance

* Excludes Chapter/Committee reports and regular columns.

Total pages published: 232
This represents a 27% increase over the previous year.

B. INDEXING

The Cumulative Index to Nursing and Allied Health Literature (CINAHL) has agreed to index BMC, effective with volume #7.

BMC is indexed now in two major abstracts: CINAHL and LISA.

A second request will be sent to H.W. Wilson for possible inclusion of BMC in Library Literature.

C. NEW EDITORS

With the approval of the Board, Ms. Jan Greenwood (Ontario Medical Association) will assume the editorship for a one-year period effective July 1985; Mr. Tom Flemming (McMaster University) has agreed to become the Assistant Editor for a one-year period from July 1985 to June 1986 and Editor from June 1986 to July 1987.

D. EDITORIAL POLICY

The increased number of submissions, particularly in response to theme issues, accounts for a continual increase in publishing activity. This has implications both for costs and inclusion/refusal of articles.

RECOMMENDATIONS: The CHLA Board develop a written editorial policy for BMC which would include a statement on the maximum size of BMC each year, as well as specific criteria for article length, quality and format. The possible future use of peer review for submissions should at least be considered.

B.C. MEDICAL LIBRARY SERVICE

Bill Fraser
Director

Introduction

In the other provinces where there are medical schools, extension services to physicians are provided by the university medical school libraries. In British Columbia the situation is different. While U.B.C. does offer backup resources, services to physicians and hospitals throughout the province are provided directly by the B.C. Medical Library Service, operated with funding from the College of Physicians and Surgeons of B.C.

History

The earliest medical library in B.C. was formed in 1906 by the Vancouver Medical Association (V.M.A.). One of the first donors was Sir William Osler who, in a letter to library committee chairman Dr. J.M Pearson in 1908, said "Tell some of the members from me, please, that money invested in a library gives much better return than mining stock".

Although the library remained relatively small, it was able to collect some old and valuable volumes including an Albinus and the Lancet complete to the first issue in 1823. Secretary-librarians who iniatially were paid $30.00 per month, managed the library for many years.

Before the development of the medical school, the V.M.A. library in the 1940's and early '50's experienced increasing demand for its services from physicians outside the City of Vancouver. When the biomedical library at U.B.C. was formed in 1950, a bid was made by the Dean of Medicine to absorb the V.M.A. library. This proposal was defeated by the Vancouver doctors who chose to maintain their own library independent of U.B.C.

During the 1950's Doreen Fraser, biomedical librarian at U.B.C., conducted two in-depth surveys of the V.M.A. library which resulted in the hiring of a professional librarian and a recommendation that the library be funded on a province-wide basis. The College of Physicians and Surgeons agreed to act as a funding body and, after two referendums, the B.C. Medical Library Service was established on a permanent basis in 1962.

Hospital Libraries

What makes BCMLS unique is its extensive involvement with hospital libraries in British Columbia. From the beginning, $10 per doctor from the money collected by the College for the library service has been returned to hospitals outside the City of Vancouver. Currently, about $35,000 goes back to hospitals.

These grants are handled in two ways. The large hospitals staffed by librarians receive a cheque for the $10/doctor amount each year. For 90 small to medium hospitals with no professional staff the money is kept in the Central Library as a credit. The hospital libraries send their book requests to the Library Service where the books are

ordered, received, catalogued and processed. Books are then mailed to the hospital libraries complete with spine labels and catalogue cards. Any purchases in excess of the grant are invoiced to the hospital. The book credits are established annually and are not held over from one year to the next. Unspent money goes back into the book fund for the College library.

The grants to hospital libraries are intended as seed money to provide ongoing funds and stimulate local support. Hospitals are asked for an accounting each year and, if local funds are not forthcoming, the grant is withdrawn.

B.C. hospital libraries receive other benefits from their affiliation with the College Library Service. Since 1964 we have published an annual booklist Recent and Recommended Medical Books for Hospital Libraries, which is heavily utilized as a selection aid. Consultant services are also provided as each hospital receives a visit from the Chief Librarian of the Library Service every two to three years. Workshops for medical record personnel are also held periodically.

The Keith Library

The collection of the B.C. Medical Library Service was named in memory of Dr. W.D.-Keith, one of the original members of the V.M.A. library committee in 1906. It consists of 10,000 books and monographs, 630 journal subscriptions, 60,000 bound journals, 300 pamphlets, 1,000 audio tapes, and 50 videos.

As the major resource library for the province's hospitals we are fortunate in being backed up by the U.B.C. library system. Since we are centrally located in Vancouver, we receive daily delivery service from both the Woodward Biomedical Library at U.B.C.-and its affiliated teaching hospitals.

The staff consists of four librarians (one part-time), two library technicians, five library assistants (two part-time) and a part-time student who locates material borrowed from U.B.C. The average volume of major reference questions is 300 per month, most of these on-line searches.

Our clientele consists of the 6,000 registered physicians in B.C. and about 200 physiotherapists who have contracted with us to receive services. We also have I.L.L. contracts with health institutions such as the Vancouver Health Department and the Workers' Compensation Board. Physicians and physiotherapist members receive 100 pages of photocopying per year without charge. In excess of 100 pages is charged at $.20 per page.

Conclusion

Begun on a trial basis in 1960, the B.C. Medical Library Service is celebrating 25 years of service to B.C. physicians and hospitals. Our major effort to celebrate consists of buying three microcomputers to be used for serials, photocopying records and on-line searching. We are investigating other technologies that will increase and extend our electronic communications with B.C. hospitals during the next 25 years.

CENTRAL ONTARIO HEALTH SCIENCES LIBRARY NETWORK

Christie Macmillan
Coordinator, COHSLN

Still in its infancy, the Central Ontario Health Sciences Library Network (COHSLN) was conceived through the casual chat of two health sciences librarians from Orillia and Owen Sound. Because of their relatively isolated locations, far from the major health sciences resource centres further south, both had experienced frustration at times in providing information quickly and cheaply to library users. It was felt that a network of area health sciences resources might alleviate some of the problems.

In the summer of 1984, a questionnaire investigating the need for such a network was sent to 29 institutions (22 hospitals, 4 mental health/retardation facilities, 3 college libraries) in the Central Ontario region. The area included Region 3 as defined by the Ontario Hospital Association and some potential peripheral cities. Of the facilities polled 21 library coordinators expressed interest and approximately half attended a meeting in October of the same year.

This initial meeting was valuable for several reasons. First, it unearthed resources available in the area, resources relating to the health sciences but quite diverse in nature. Collection specialties included medicine, mental retardation, psychiatry/mental health, nursing, and other allied health sciences. The libraries themselves varied in complexity, from large, established centres offering online searching to informal book collections under the wing of an inservice or medical records department.

A second, and equally important, benefit to the meeting was the contact made by the library coordinators. Library experience and qualifications included MLS graduates, library technicians, inservice coordinators, medical records department heads, and secretaries. Despite this range, all had the common task of providing health sciences information and all had felt isolation and frustration in varying degrees. Meeting with colleagues and sharing ideas laid the life-lines of the network.

A third outcome of the meeting was the development of the network's terms of reference. It was decided that the goal would be to promote the provision of quality library services through:

1. the support of a cooperative group of area health sciences/health care related libraries
2. the establishment of a formal system of communication between area resources
3. the advancement of educational development of its members
4. the expansion of available resources through cooperation
5. the provision of consultation with others in areas of mutual interest.

To this end, among the objectives considered were the development of a union list and an efficient interlibrary loan system, the exchange of discarded/duplicate material, continuing education workshops, the development of complementary collection development policies, the provision of library consultations, the facilitation of extended reference and technical services, and regularly held meetings. Defined as a first priority was

the development of a serials union list. Other activities deemed important were interlibrary loans, a network information depot, reference work, and meetings to be held twice-yearly and rotationally through the area.

COHSLN was born.

A second meeting (Spring 1985) focused on the progress of the serials union list. Specific guidelines were circulated to members in order to standardize submitted serial listings. These listings are currently being amalgamated by a word processor. An afternoon workshop on interlibrary loans was the first of an anticipated series of continuing education sessions. Future workshop ideas include quality assurance, computers in libraries, collection development and reference work.

The life of the network, though bolstered by these meetings, is supported by the network information depot which distributes network news, acquisitions lists, duplicate journals lists, etc. More significantly, it is supported by the enthusiasm and friendship of its members.

For further information, please contact:

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Health Sciences Library,
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(705) 325-2201, ext. 220

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KELLOGG REGIONAL SERVICES

Ann D. Manning

Health Sciences Librarian
W.K. Kellogg Library

It is probably safe to say that all of the sixteen Canadian medical school libraries share their resources to a greater or lesser degree with a clientele wider than their immediate faculty and students, but the Kellogg Library of Dalhousie University is unique in being attached to a medical school which serves three provinces. Because of this, and through its location in an area where many hospitals are without library service, the Kellogg has over the years gradually come to be relied upon by many practicing health professionals in the three Maritime Provinces.

The services to practitioners include the provision of photocopies, loans by mail of books and audio-visual material, Medline searches, and reference services. Frequently we are asked by telephone to provide two or three articles on a specified topic to aid a small town practitioner in patient care. Photocopy costs are recovered, and a

charge is levied to defray mailing costs on books and AV's sent to individuals, but loans to hospital libraries are still free of charge.

Occasionally we are invited by a library committee or hospital administrator to survey a hospital library and recommend a course of action to change and improve it. It is usually the Health Sciences Librarian who does this, and a charge is made to cover any expenses involved.

More frequently, out-of-town hospital library personnel request a visit to the Kellogg in order to become familiar with the staff and the methods of the library which they regard as their primary resource. These people are, as a rule, not trained librarians, and some are totally new to library work. They usually spend two days at the Kellogg, visiting each department in turn, and a third day at one of the three nearby teaching hospital libraries. The cooperation of the Halifax hospital librarians is invaluable in illustrating to neophytes the differences between academic and hospital libraries.

Our most recent venture into Kellogg-hospital cooperation is the establishment of a circuit rider librarian in the Annapolis valley of Nova Scotia. A meeting of interested Valley hospital administrators was arranged by the Health Sciences Librarian with the purpose of applying for a grant to fund a circuit rider in this area. As it transpired at the meeting, the administrators were enthusiastic enough about the idea to fund it themselves, providing the Kellogg would hire the librarian and provide continuity and backup for the position. We were fortunate in luring an experienced librarian from one of the Halifax teaching hospitals to fill the position, which involved four hospitals separated by a total distance of about 125 kilometers. The circuit rider is based near the largest hospital and drives to the Kellogg for a half day at two-week intervals. After a year of operation, the smallest hospital has dropped out, not from dissatisfaction with the service, but from lack of funds and space. Our circuit rider experience will be described in greater detail in a subsequent paper.

Since many Maritime health practitioners have been educated at Dalhousie, they are aware of our services. We occasionally have informational material published in local professional journals, and the continuing medical education courses sponsored by Dalhousie alert people to library services, but we do not mount any extensive advertising campaigns.

The extend to which we are recognized and used as a regional resource is, to some degree, a mixed blessing. Although we recover direct costs, i.e. data base charges, photocopy costs, and postage, no recovery is made for the costs of staff time. Both the Medical Society of Nova Scotia and the Provincial Medical Board contribute generously to the Library through endowment funds and our heaviest industrial user makes an annual contribution. On the other hand, from New Brunswick, which accounts for almost 30% of our interlibrary and regional loans we receive no funding. The New Brunswick Medical Society recognizes the Kellogg as a resource, since it pays up to $100.00 for our services for each member per year, but it does not contribute any direct funding to the Library, nor does Prince Edward Island.

We may not receive what we consider adequate financial recompense for the extramural sharing of our resources but it does make the work more varied and interesting, and it is satisfying to have new graduates dropping in to see how they can use the Library now that their student card is invalid.

NETWORKING IN NEW BRUNSWICK? WE'RE ON OUR WAY

Ann Barrett

Health Sciences Librarian
Saint John Regional Hospital

These days when one hears the term "networks", grand schemes come to mind of extensive computerized systems reaching from coast to coast, realizing the ultimate in resource sharing! In fact, this may come to pass if the National Library of Canada is successful with its OSI (Open Systems Interconnection) project which will allow computers of all types to interact actively.(1)

However, in the day to day bustle and crisis of individual libraries, such events seem too remote to consider. This seems particularly true in the typical New Brunswick health science library, where "networking", at its most basic, is just beginning to take hold.

The National Library of Canada officially defines a network as:

> "Two or more libraries engaging in resource sharing", (2)

and defines resource sharing as:

> "Any activity to facilitate, promote, and enhance the use of resources. Resource sharing is generally directed towards increasing the quantity and/or quality of services provided, or workload processed, by means of a given set of resources."(2)

The development of health libraries, and in particular hospital libraries, has taken a unique tack in New Brunswick. This is basically due to the fact that health libraries in the province lack focus - there is no medical school with accompanying resources; N.B., P.E.I., and the Territories do not have medical schools. This central focus around which hospital and special health libraries tend to cluster as satellites for support - for resources, reference, technical services, or all of the above - does not exist in this province.

Logically, this fact should serve to bring isolated health libraries in the province together in support of one another. However, the reverse has occurred. Libraries looked beyond New Brunswick for support and over time made commitments and allegiances with external institutions.

Some libraries turned to major Quebec medical libraries, particularly so in the French speaking areas of N.B. and the northern regions. For the most part, health libraries found support and direction from Dalhousie University's, W.K. Kellogg Health Sciences Library. The Kellogg, recognizing the major needs of health professionals and health libraries in the Maritime Provinces, set up their Regional Loan Service. This services has been, and will without doubt continue to be, a life-line for libraries in N.B., P.E.I. and rural N.S.

This relationship cannot be termed networking. The flow of resources is completely one sided and has, in fact been somewhat detrimental to the province's health library system. New Brunswick health libraries have ignored almost entirely local resources in favour of those of Quebec and Nova Scotia. (How often have I heard Hospital

Administrators in the province utter the phrase "Well, what do they do at the Kellogg?") Fortunately, this trend, is beginning to reverse itself. Communication is increasing rapidly between health libraries in New Brunswick, and greater confidence is shown in our own resources and our own services.

The most significant expression of this confidence, has been the initiation and agreement to produce a Union List of Serials for New Brunswick Hospitals. Currently 7 hospitals are participating, and the final list should be available by the new year. Whether a participant is in the list or not, any library may request reprints from around the province free of charge. Individual health professionals may also use this service directly when no hospital library is nearby.

This project grew out of a simple, gradual exchange of journal holding lists, and in response to a demand for a faster response time for interlibrary loans. As yet a formal commitment to resource sharing has not actually been reached. New Brunswick health librarians are indeed on the eve of their first meeting of the whole! Greater interaction has quickly led to a move towards formalization which most likely will result in an association of health science librarians for the province, or as an integral part of the Nova Scotia Health Libraries Association. The main thrust of the soon to be held meeting, will be finding ways to share better our resources, and improve our services through formal and regular interaction. The possibilities of accessing University of New Brunswick automated catalogue (Phoenix), the potential of electronic mail for N.B. health libraries, the feasibility of UTLAS membership as a network, will all be explored as possible networking programs.

This is perhaps the most fortuitous time to plan a network. The capabilities of computers are quickly increasing, while the costs continue to fall. When the National Library sets up its national network, perhaps New Brunswick won't be left out in the cold.

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1. National Library of Canada. Linking: Today's Libraries, Tomorrow's Technologies, Ottawa: Supply and Services Canada, 1984. (Canadian Network Papers: No. 7.

2. Duchesne, RM. Selected Canadian Library Network Terms, Ottawa: Supply and Services Canada, 1982. (Canadian Network Papers: No. 4.

THE HEALTH SCIENCES INFORMATION NETWORK IN NEWFOUNDLAND AND LABRADOR

Catherine A. Quinlan

Health Sciences Librarian
Memorial University of Newfoundland

This paper outlines the network of information services which are avilable to health care practitioners working in Newfoundland and Labrador. The response of the Health Sciences Library (H.S.L.) of Memorial University and the provincial hospital libraries to the requests for information received from regional users are outlined. The role that the Newfoundland and Labrador Health Libraries Association plays is also briefly discussed.

A network is defined as "a system of units, as, e.g. building, agencies, groups of persons, constituting a widely spread organization and having a common purpose".(1) In this respect, all health sciences libraries in Newfoundland and Labrador form one loosely knit organization which exists to provide the information required by regional health practitioners. The Health Sciences Library (H.S.L.) of Memorial University of Newfoundland acts as the focal point of this network.

The Health Sciences Library serves the Faculty of Medicine and School of Nursing of Memorial University of Newfoundland (MUN), the General Hospital School of Nursing, and also functions as the major resource centre for all health care practitioners in the Province. It has a collection of approximately 80,000 volumes, 2,000 audiovisual items and 1,700 current journal subscriptions. Certainly this is not a large collection from which to serve the more than 8,000 health care practitioners in the Province. However, more than 85% of the requests for information received by HSL from out-of-town users are satisfied without resort to Interlibrary loan.

These requests are filled in a number of ways. H.S.L. lends books and audiovisual materials directly to out-of-town borrowers rathern than to the borrower throuyh another library. The renewable loan is for an initial period of three weeks. Requests for photocopied journal articles are also filled. If material is requested which H.S.L. does not own, an interlibrary loan is initiated by H.S.L. after consultation with the would-be borrower. Computerized literature searches on a variety of databases and systems (e.g. Medlars, Dialog, Can/Ole) are initiated, either on request of the user, or when the responding librarian determines that a computer search would yield the necessary information in the most efficient and cost-effective manner. Like all academic libraries, H.S.L. is faced with increasing costs and a decreasing budget; completely free services to any of its users are no longer possible. Although the amounts charged by H.S.L. are nominal, they do help to defray some of the costs. Computer search charges are based on a partial cost recovery basis with an average Medline search being priced at approximately $5.00. There is no charge for any materials (including photocopies) sent to regional requestors although they must pay any return postage.

In filling the requests from regional users, H.S.L. certainly does not work in a vacuum; the provincial hospital libraries also play an important role. There are nine hospital libraries in the province, only one of which is located in Labrador. These libraries perform an important primary function; for example, in many instances, they meet with the actual requestor and conduct the initial reference interview. Should

the hospital's collection be unable to provide the necessary information, H.S.L. is contacted, either by the librarian or by the actual requestor. No official training program per se if offered by H.S.L. for hospital library staff, but the latter are all aware of H.S.L.'s services and facilities. On occasion, library staff from regional hospitals will come to H.S.L. for a short time to familiarize themselves with the services available, to become acquainted with basic library procedures and to use the collection. Because of small budgets and a lack of space, hospital libraries can only provide a core collection for their users and are dependent on H.S.L. to meet their other needs.(2) The "training sessions" which are available at H.S.L. for hospital library staff are of benefit to H.S.L. as well as to the attendee. In order to make regional hospital library staff aware of what H.S.L. can do H.S.L. must be provided with certain information to provide various services, sets the groundwork for a smoother working relationship between the different nodes of the health sciences library network.

Unlike Nova Scotia, this province does not have a "circuit rider" librarian. In fact, there is only one hospital library outside of St. John's with a professional librarian on staff. Therefore, H.S.L.'s role becomes even more central in the provision of information to the regional health practitioner. The services available from H.S.L. are publicized, not only by word-of-mouth via the hospital librarian (as well as by satisfied users!), but also more formally by the Library itself. Occasionally, H.S.L. sends out bulk mailings of information sheets about available services to all provincial health practitioners. This material is also included in the information packages distributed to NUM Continuing Medical Education course participants.

The Newfoundland and Labrador Health Libraries Association (N.L.H.L.A.) provides a means whereby all provincial health library workers can meet to discuss their concerns, requirements and problems. This organization supports annual workshops on a topical theme (e.g. quality assurance in hospital, budgeting, acquisitions policies and procedures) which are of value to all library employees. The Association also serves to consolidate the network of health sciences resource centres in the province by emphasizing the common goal of all library workers: the dissemination of information to the regional health care practitioner wherever he/she may be located in the Province. N.L.H.L.A. encourages hospital librarians to stop regarding their collections as passive storehouses of information and to begin taking a more active role in supporting the information needs of their users.

In the literature, networks are regarded as vehicles whereby computer search training costs and search expertise can be shared within a small geographic area.(3) Although the full burden of online searching falls to H.S.L., the hospital librarians are more than willing to share their expertise. Communication with other Atlantic health sciences libraries is of utmost importance to an institution as geographically isolated as MUN. H.S.L. is linked via Envoy to other East Coast libraries, and through interlibrary loan is able to draw on their resources to meet the needs of its user groups. Since the Province is so small, no formal networking organization has had to be established. Personnel at the various institutions recognize each other's voices (if not faces) and this familiarity has fostered a cooperative spirit among all health sciences centres in the province. However, as the costs of all library materials and services continue to rise, there is an increasing need to formalize the network. No health sciences library - academic or hospital - can hope to provide a self-contained, comprehensive collection in this environment of increasing restraint. N.L.H.L.A. plans to continue to play a unifying role within the network. Increasing use of electronic mail and telecommunication systems by many other health care institutions means that their libraries too will be able to have access to these services.(4) Improved communication should result in a wider base for N.L.H.L.A. as it will no longer be as geographically tied to the St. John's area as is the case now. Increased

use of electronic mail should also improve service to all of the libraries' users. Although the network of health sciences libraries may become more formalized in the near future, this will not obviate the role that H.S.L. currently plays as provincial resource centre for the health sciences. Budget cuts will continue to be felt by all institutions and this will necessitate an increase in charges currently in place as well as the initiation of other fees-for-service. However, the provision of information to health care practitioners working outside of St. John's will continue to be an important part of the mandate of H.S.L., as well as of the hospital libraries located throughout the province.

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1. Macdonald AM, ed. Chambers twentieth century dictionary. Edinburgh: W & R Chambers, 1975.

2. Canadian Library Association. Canadian library systems and networks: their planning and development. Ottawa: CLA, 1974.

3. Byrd GD, Smith MK, McDonald N. MINET in K.C. Library Journal 1979; 104: 2044-47.

4. Diambra HM, Vidac; a new technology for increasing the effectiveness of television distribution networks: report on a feasibility study of a central library "integrated media" satellite delivery system. Syracuse: EDRS, 1975.

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NEWS AND NOTES

"CLINICAL SYMPOSIA"

David Crawford has drawn to the Editors' attention the fact that the Ciba Pharmaceutical company publishes various "national editions" of the publication **Clinical Symposia** and asks whether **BMC** readers know that:

1. The Canadian "edition" published by Ciba Canada has not been publishing all possible issues and that there are thus more numbers available in the "US edition"?

2. It is the US edition which is indexed in Index Medicus and that the Canadian edition has different volume and issue numbers?

3. You can order the US "edition" from Ciba in New Jersey and can also order a bound compilation of previous year's issues.

Ciba's address is: Medical Education Division, Ciba Pharmaceutical Co., 14 Henderson Drive, West Caldwell, New Jersey 07006.

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NORTHERN OUTREACH LIBRARY SERVICE (NOLS)

Sylvia Katzer

Coordinator, Northern Outreach Library Service
University of Western Ontario

Introduction

The Northern Outreach Library Service, established in November of 1983, is one of eight Northern Outreach Programs (NOP) of the Health Sciences Faculties of the University of Western Ontario.

The main objective of the Program as a whole is to contribute to the development of health services in Northern Ontario as requested by and in collaboration with the District Health Councils and Ministry of Health. Another objective of the Program is to contribute to the development of such educational programs as may be required for health manpower development in Northern Ontario. All of the NOP Programs are financed by the Ontario Ministry of Health.

Since library facilities are not well developed in the health care institutions of Northern Ontario it is the primary objective of the Northern Outreach Library Service (NOLS) to assist allied health professionals, nurses, and physicians by making the resources of the Sciences Library at the University of Western Ontario available to them directly. The NOLS office is actually located in this library and is staffed by one full-time librarian and one full-time assistant/secretary.

In most small Northern hospitals, books and journals are scattered in many departments and offices and are mostly unorganized and unsupervised. Due to financial restrictions and administrative priorities, attempts to build local resources have not been very successful. A few larger Northern hospitals are fortunate to have library staff, and in these instances, the Northern Outreach Library Service attempts to provide a back-up for the existing service. Approximately half of all requests are received from the eight library contacts; there are five locations in the city of Thunder Bay, one in Timmins, one in Sudbury, and one in Sault Ste. Marie.

A full range of library services is available: on-line literature searches, photocopy service, "current awareness" packages of photocopied journal contents pages, Selective Dissemination of information services, quick reference, and referrals. In an average month the Service provides approximately 400 photocopied articles, 18 computer searches, 15 general reference questions, 35 book loans, and 25 audiovisual loans. Delivery is made by Priority Post. Library consultations are not a priority and in fact, very few requests have been made. The Program is sensitive to avoiding duplication or interference with other similar activites and programs.

NOLS will have completed its initial promotional efforts to the Northern Districts (North of the French River) by January 1986, by which time the Program's activities should be well established.

The sharing of these library resources has helped to develop a partnership between the University of Western Ontario and the Ministry of Health, and has benefited both health care professionals and the public in Northern Ontario.

WELLINGTON-DUFFERIN HEALTH LIBRARY NETWORK: AN EXERCISE IN COOPERATION

David Hull

Science and Veterinary Science Division
University of Guelph

HISTORY AND BACKGROUND

In 1973, Mrs. Beatrix Robinow, then Health Sciences Librarian for McMaster Library, filed an application for an Ontario Health Resources Development Plan Demonstration Model Grant with the Ontario Department of Health, the title of which was Health Science Information Network - Wellington County. The primary objective of the proposal was "to demonstrate that with an improved library service organized in an information network, health workers in Wellington County will be able to receive relevant health information speedily and effectively." The network was to be organized in much the same manner as the successfully operating Hamilton-Wentworth district health library network which Mrs. Robinow initiated (1). Unfortunately this project was not approved by the Ontario Ministry of Health.

As part of the preliminary work for this application all health institutions in Wellington County, including the University of Guelph, had been contacted concerning their library holdings. In addition, the then Librarian of the Veterinary Science Division of the University of Guelph Library, Mrs. Dorothy Clarkson had made contact with both of the local Guelph hospital libraries concerning the availability of computer literature searches and of the health science library resources on the University campus. The seeds had been sown.

It was not until late 1979 that these seeds began to germinate. At that time a group of library "enthusiasts" from the two hospitals in Guelph realized the potential of a cooperative effort for city health organizations; this soon led to thoughts of a county-wide netowrk.

Led by Glen Penwarden, Assistant Executive Director and Carol Van de Weerd, Medical Records Librarian, both of the Guelph General Hospital, meetings of representatives of potential network participants were called, and a Study Group was struck to write a formal report as to the feasibility of such a network in Wellington county. This group held five meetings, conducted a questionnaire survey, consulted with Mrs. Robinow, and visited the Hamilton-Wentworth District Health Library Network. It paid particular attention to two documents dealing with library service to health care institutions (2,3).

In April 1980 the Group presented its report (4). The founding members consisted of the Wellington county hospitals, Homewood Sanitarium, Conestoga College, University of Guelph, Wellington-Dufferin-Guelph Health Council, and Wellington-Dufferin-Guelph Public Health Unit. Consideration was to be given to extending service to other health related institutions in Wellington and Dufferin counties soon after establishment of the network. Mrs. Joy Weiss, the librarian of the Health Sciences Division of Conestoga College agreed to act as coordinator for the fledgling network. The first official meeting of the newly formed Wellington County Health Library Network took place on June 5, 1980 with Mrs. Weiss in the chair.

PRESENT ORGANIZATION AND STAFFING

Since its inception, the network has been based on volunteerism and cooperation, and as a result there is very little formal structure to the network. There is no paid coordinator or circuit librarian. Mrs. Weiss "runs" the network on a volunteer basis. This entails acting as the information node for the network, maintaining a union list of serials and a union card file of books, and calling network meetings, of which there are eight or nine per year. Each member of the network takes a turn at hosting a lunchtime meeting and providing a speaker or organizing a workshop. Most of the people in the network responsible for the information needs of their individual institutions have other primary responsibilities, e.g. medical records, secretarial duties, education duties, public relations. There are, in fact, only five people whose primary responsibility is "the library". Nevertheless through cooperative efforts, e.g. work parties, several libraries have been established and organized for members who otherwise would not have found the time to do so.

Several members have found the time to attend Ontario Medical Association sponsored workshops on aspects of medical libraries. Two members belong to the Canadian Health Libraries Association; the Bibliotheca Medica Canadiana is circulated amongst the members, as are relevant articles from the Bulletin of the Medical Library Association. There appears to be no lack of enthusiasm in the network, just major time constraints in developing information centres in all member institutions.

The following are some statistics taken from the Wellington County Health Library Network - Progress Report 1983/84:

Books loaned between members - 460
Photocopies supplied by members - 1097 (5832 pages)
Pamphlets supplied by members - 132
Reference questions answered - 145
Online literature searches performed - 26

Three member organizations act as the primary source for much of this traffic, namely the Homewood Sanitarium with its psychiatry/psychology collection, Conestoga College with its nursing and allied health collection, and the University of Guelph with its medical collection.

PERIODICALS

One of the first tangible things accomplished by the group was the production of a union list of serials. This took over a year to compile in the first instance but turned out to be a truly cooperative effort. The member from the University of Guelph organized and compiled the holdings cards as they came in from member organizations, and the member from Homewood Sanitarium did the inputting and production of the list on a word processor in the Guelph General Hospital.

The Coordinator now maintains a master file that is updated regularly with new titles and holdings from members. This file presently contains 600 plus periodical titles. The network produced the third edition of its Union Serials List in 1984. The coordinator also receives, regularly, the complete microfiche serials lists of the University of Guelph which have proved useful for gaining access to periodicals in areas other than medicine.

BOOKS

The coordinator maintains a union card file of books held by network members except the University, which provides, the coordinator from time to time, with a microfiche main entry list of its holdings and regular accessions lists in the area of medicine. These lists, and the Conestoga (nursing) accessions list are circulated amongst the members. The card file is updated by members on a continuing basis.

INTER-LIBRARY LOAN

Within the network books are loaned free of charge. Loan is usually accomplished by a telephone call to the coordinator who relays the request to the member holding the item. If the item is not found in the system, the requestor is responsible for obtaining the item through normal ILL channels outside the network.

Photocopies of articles from journals, subject to copyright restrictions, are provided free of charge from all participating members, except the University which charges a flat rate of 10 cents per page.

ON-LINE LITERATURE SEARCHES

The University of Guelph Library makes its computer literature search services available to all network participants for the same rates as on-campus users, i.e. on a cost recovery basis.

DOCUMENT DELIVERY

A Public Health courier van stops on a daily basis at most of the Wellington County institutions in the network; arrangements have been made with this carrier to transport network mail. The member from the Wellington-Dufferin-Guelph Health Unit arranges for service to Dufferin County; another example of an efficient cooperative venture. For only two members does the network have to rely on Canada Post for document delivery.

ADVERTISING

Very early on in the existence of the network a pocket-size brochure listing the services of the network and the member organizations was developed and published. A copy was sent to all doctors, nurses, administrators, and other professional staff in network organizations. The network is now into the 5th revision of this brochure, all editions of which have been produced by the Wellington-Dufferin-Guelph Health Unit and the Homewood Sanitarium.

An annual report of the network is produced by the coordinator with input from all members. Copies of this document are given to the administrator of each of the member organizations.

MEMBERS

At present there are 15 member organizations in the network, two of whom are outside the Wellington-Dufferin area, namely Cambridge Memorial Hospital and St. Mary's Hospital, Kitchener. Within the Wellington-Dufferin geographical area members include Conestoga College, Health Sciences Division; Community Mental Health Clinic (Guelph); Dufferin Area Hospital, Orangeville; Groves Memorial Hospital (Fergus); Guelph General Hospital; Homewood Sanitarium of Guelph Ltd.; Louise Marshall Hospital (Mount Forest); Palmerston and District Hospital; St. Joseph's Hospital (Guelph); Victorian Order of Nurses;

Wellington-Dufferin District Health Council; Wellington-Dufferin-Guelph Health Unit; and the University of Guelph.

The network continues to thrive on the strength of the cooperative spirit that exists in the area, the demand from the user population, and the realization that the network still has a long way to go to fully meet its stated purpose.

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SHARED LIBRARY SERVICES: A PATH TO ACCESS, ACCREDITATION AND BEYOND

Linda Hill

Director
Shared Library Services
South Huron Hospital, Exeter

The U.S. space shuttle program and the Shared Library Services program (S.L.S.) have something in common. They both create pathways to new discoveries as they search for, retrieve and distribute information about their own universes. Descriptive parallels can be made between this unique space program and S.L.S. which operates under the auspices of South Huron Hospital in Exeter, Ontario. Both programs launch and maintain satellite stations, retrieve information for participants and share knowledge with others. The shuttle missions are providing a new means of access to the knowledge of the universe while the library program creates an accessible pathway to library materials for all staff members in even the smallest community hospitals. Developing such pathways to knowledge has allowed both of these programs to provide their contributors with many benefits. For example, shuttle crews help companies and research firms by experimenting with and testing their newly developed technologies and techniques, while S.L.S. aims to assist individual hospitals in meeting the standards for library services set out by the Canadian Council on Hospital Accreditation. Describing how S.L.S. has carved out a path to access, accreditation and beyond for participating individual hospital libraries will reveal the level of success of this particular mission.

S.L.S. as it exists in its present format has been using South Huron Hospital as its headquarters since April, 1984. This "mission control" hospital, its administration and staff have offered the program their full support by providing office space, administrative skills, accounts payable services, marketing techniques, supplies and much appreciated peer advice.

The program's "universe" is currently composed of eight member hospitals covering three counties and ranging in size from forty-one to two hundred and four beds. Each participating hospital is essentially a satellite of the program as each contain its own in-house library which is maintained by an internally-appointed library liaison representative and by the Shared Services Librarian. The liaison role is currently being performed in each hospital by the administrator's secretary, the director of nursing, a health records supervisor or a quality assurance coordinator. The liaison representative's role involves receiving and distributing requested books, photocopies and audio-visual materials to all medical staff and other hospital personnel, and using designated request forms or the telephone to relay requests for users to the Shared Services Librarian. This person also performs clerical functions such as filing catalogue cards and processing overdue notices. The ordering, claiming and checking-in of journals is the responsibility of the liaison representative who also works with the Shared Services Librarian to promote the library service, and uses the hospital collection to fill information requests when possible. Training for this role is provided by the Shared Services Librarian. The liaison representatives are a vital communication link between "mission control" and the "satellites".

The Shared Services Librarian helps to maintain the satellites by ensuring that each institution has a core collection of current medical reference books. Inservice presentations are conducted by the librarian to instruct staff members on the use of

their own library and on the services offered by S.L.S. A well-attended inservice presentation usually results in a flood of information requests from staff members, evidence of the value of personal contact whenever possible.

The main purpose of S.L.S. is to make library materials more accessible to all staff members in these eight participating hospitals with the goal of improving patient care. Currently, the "shuttle" for S.L.S. is "manned" by only one full-time professional librarian. The program offers a wide range of services to expand the resource base of each hospital and to improve accessibility to medical information for all categories of health care workers. Requests for literature searches are filled at the base hospital since it houses a MEDLARS centre. Four of the member hospitals are regularly taking advantage of the current awareness service offered by the librarian. Requests for library materials that cannot be obtained locally are filled from locations across Canada through the Interlibrary loan service. Many of the books and photocopies are retrieved for the users in the program's resource library on a university campus. The resource library provides guest borrower status and photocopier key access privileges to the Shared Services Librarian. The creation of this pathway by S.L.S. has opened up access to the vast resources available in the university library system for hospital staff members who may live as far as 158 kilometres away. Once the librarian retrieves the information from the resource library, it is sent to the user via a two-way document delivery system which has been established among all member hospitals.

A visit to the resource library is made only if the material is not available within the holdings of the Shared Services hospitals. A union catalogue is housed at the program's headquarters and is maintained and consulted by the librarian. Sharing resources is encouraged among participating hospitals. In addition, each member hospital has author/title and subject card catalogues of its own holdings. New books are processed and catalogued before being sent to the purchasing hospital. Processing involves attaching an individualized call number code that identifies the appropriate hospital and the location within that institution where the book will be kept. Books are ordered through the librarian, often at a discount price. Individual hospitals order and receive their own journals, but binding services can be obtained through the program. Making staff members aware of the services provided by S.L.S., particularly the gateway to outside resources, is a key factor in determining the success of the program.

Achieving access to needed medical information both in-house and externally is a major step in meeting accreditation standards for the hospital library services department. The path to accreditation can be refined by other duties performed by the librarian. For example, the Librarian will assist with the formation of internal hospital library committees and will attend their meetings whenever possible. Library user statistics are recorded by both the librarian and the liaison representatives. Semi-annual meetings provide an opportunity for the librarian and all the liaison representatives to discuss ideas and resolve problems that might lead to new or improved services.

Costs of the program are shared among participating hospitals according to bed size and utilization of the services as revealed by past user statistics. This formula was developed as it was discovered that many of the smaller hospitals were using the various services to a greater degree than were the larger institutions. The extent of the program's success can be measured, in part, by individual library services departments becoming accredited, but there is much more for S.L.S. to achieve beyond accreditation. The concept of sharing makes it feasible for the member hospitals to have the services of a qualified professional librarian in keeping with accreditation requirements.

The first future goal for the program is to carve more pathways to institutions that currently do not offer adequate library services. It is hoped that more satellites can be launched and that our "universe" will expand to ensure that library services are accessible to all staff members working in small hospitals in our region. Participating in S.L.S. has proven to be a viable network in respect of reference and technical library services. The possibility of providing library services through a circuit rider who would visit all participating hospitals on a weekly basis has been discussed but transportation costs are prohibitive at this time. This concept may be incorporated into a telecommunications network in the future. With such technology, the librarian could regularly respond to information requests through "face-to-face contact" with users at member hospitals via a video screen. Inservice presentations could also be made through a telecommunications hook-up.

As new ways to provide access to library services are being carved, S.L.S. will continue its mission by fulfilling the specific individual library needs of each institution it serves. Achieving access to library materials for all health care personnel and fulfilling the library accreditation standards is the Shared Library Services Program's contribution to the goal of providing optimal patient care in its participating hospitals.

THE HAMILTON-WENTWORTH HEALTH LIBRARY NETWORK

Linda Panton

Network Coordinator
McMaster University

Health libraries in the Hamilton-Wentworth District have shared library resources for more than 15 years. The traffic in inter-library loans is the most obvious testament to the benefits and need for resource sharing. In 1984/85, libraries in our local group shared over 9,000 loans, meeting approximately 90% of user requests within 24-48 hours.(1) This is possible because of a twice daily delivery service among member institutions. The other 10% were requested from libraries outside the local group and required an average of two weeks to fill.

The Network Coordinator is the catalyst in this sharing process. The present Network consists of a faculty of health sciences library, six teaching hospitals, an Academy of Medicine, a cancer centre, a community college, a public health unit, a community health centre, the local District Health Council, and a home care/nursing agency.

The Hamilton District Health Council and McMaster University worked closely during the earlier years of the formation of the medical school. In 1967, the former Health Sciences Librarian, Beatrix Robinow, was asked to form a Library Committee of the Council with the aim of promoting library cooperation. In September 1968, the Committee recommended the appointment of a shared medical librarian and one assistant to help achieve this goal.(2) The Council sought and obtained approval from the Ontario Hospital Services Commission to fund the positions through the local hospitals.

McMaster University Health Sciences Library handles the financial details of running the network, and provides office space, equipment and supplies. The Coordinator reports to the Health Sciences Librarian and is a member of the Management Committee of the Health Sciences Library. The hospitals in the Network share the salary expenses according to a cost-sharing formula approved by the Hamilton-Wentworth District Health Council. Charges for photocopies, inter-library loans from outside the District, and computer searches processed by the Network Office are billed to members bimonthly. Furthermore, to support the services offered by the Network Office, additional funding has been requested from several health agencies who use the services but had previously not been asked to contribute to staffing costs. A Network annual report is prepared for the members and the Council.

In 1972, a union list of serials was converted to a computerized format. A coding system based on the Union Catalog of Medical Periodicals (New York) was used. Lists are printed twice a year with cumulative supplements at intervals of six weeks. The list is printed in microfiche as well as hard copy.

The Network Office started a union catalogue of books in 1971. It is a main entry card file. Each participating member of the Network is responsible for submitting entries and the central file is kept in the Network Office. Beginning in 1978, ISBN numbers were added to the cards in anticipation of a future online database. For an online file to be feasible, each contributing member would need a computer terminal to input, transmit, and receive information. Currently, most Network members subscribe to the microfiche catalogue of the McMaster Health Sciences Library, and call the

Network Office to obtain other local locations for books. Printed audiovisual catalogues of the McMaster University Health Sciences Library's holdings are available in each participating library.

The Coordinator conducts computer literature searches for Network Libraries. Larger teaching hospitals have been encouraged to become MEDLINE Centres. If some members do start processing searches in-house, it should decrease the number of searches run by the Network Office. The Hamilton Regional Cancer Centre has just become a Centre, and Chedoke Division Library of Chedoke-McMaster Hospitals has applied to become a Centre. The initial experience suggests that time spent in doing searches will be transferred to training new online searchers. In the first months, new Centres will require support and assistance in using the system, and will look to the nearest resource library to provide this back-up.

Central processing of inter-library loans from outside the District is a valuable service to members. Smaller libraries are often not equipped with the verification sources needed to complete standard ILL forms. Submitting the loans to the resource library does several things: it eliminates unverified requests, gives locations for those titles not in standard locator lists so that requests can go directly to the holding library, and also makes use of such services as UTLAS, IUTS (Interuniversity Transit System) and electronic mail. Were smaller libraries to acquire microcomputers they could request ILL's directly and use the resource library for help with verification and locations.

The Network has not pursued centralized ordering and cataloguing of library materials. Moreover, little is to be gained by bulk purchases since extra staff would be needed in the Network Office to process the orders. Since health library users frequently want the most current texts, central processing could result in a bottleneck at the central location.

Other services provided by the Network Office include consultation on library planning, budgeting, staffing, cataloguing, policies, and collection evaluation. In recent years, two members have asked for assistance in planning new libraries.

Another role of the Coordinator is to organize continuing education activities. Workshops on quality assurance, reference, and policy and procedure manuals were held in 1984/85. Presentations by speakers at Network Library Committee meetings updated members on the current information needs of those working in subject areas such as medical ethics, care of the elderly, and infection control.

Current Projects

A project to study the use of electronic messaging systems to transmit requests and messages between Network Libraries and McMaster University was started in May of this year. The project is being carried out with the assistance of a librarian who is currently a student in the Masters of Computer Sciences Program at McMaster.

Another cooperative project involved the Vocational Assessment Program at one of the local hospitals. Patients in the Program made re-usable canvas mailbags for use by Network Libraries in sending library materials. The Health Sciences Library at McMaster paid for the cost of the supplies needed to make the bags. Easier packaging saves staff time, and stationery supply costs will be reduced.

In conclusion, the Network continues to facilitate access to literature to those involved in patient care, health care administration, education and research at local

health care institutions and agencies. Strong professional support and access to a large resource library are important to the Network contributors. Sharing resources with other smaller libraries also provides cost-effective access to health information. In the Hamilton-Wentworth Health Library Network about 60% of the total materials requested through Network Libraries is supplied by McMaster University; the other 40% is provided by sharing among the smaller libraries. Together, we can solve problems and help each other provide better library services at a reasonable cost.

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COOPERATIVE LIBRARY SERVICES KINGSTON REGION

Jane Law
Kingston General Hospital

Libraries in the Kingston area have been working cooperatively for some time and in 1984. In attempting to optimize the use of physical and human resources in the region, all hospital, medical and health science libraries are encouraged to participate in the group's activities. Aside from the hospitals, the universities, community colleges and even a representative from the Kingston Public Library's (K.P.L.) community health information service "Infohealth" are involved.

The Infohealth service itself arose from a project grant awarded to the Kingston Public Library in 1984 to provide information to the public on consumer health topics. To provide access to local resources, a union list of approximately 600 titles was compiled from the holdings of the K.P.L., Queen's Bracken Library and the four local hospital libraries. Additional titles will also be purchased with the project's remaining funds. To date, reports from the K.P.L. show that the service is being well received within the community.

A particularly useful regional tool is the Title Guide to Serials.* Originally compiled in 1981, annual updates are submitted by nine participating libraries for production and printing by the St. Lawrence College Kingston Library. The following list of contributors shows the range of libraries involved, and further expansion is a possibility.

Hotel Dieu Hospital - Kingston
Kingston General Hospital
Kingston Psychiatric Hospital
Kingston Public Library
Ontario Cancer Foundation Clinic - Kingston
Queen's University - Bracken
St. Mary's on the Lake Hospital
St. Lawrence College - Brockville
St. Lawrence College - Kingston

Almost functioning in conjunction with the serials guide, is the provision of complimentary photocopying among the group's participants. This courtesy is greatly appreciated and serves to reduce the administrative and accounting burden associated with interlibrary loans. Certainly for larger libraries with extensive resources and a high volume of interlibrary loans this is neitther practical nor possible; however, for small libraries, the mutual fulfillment of occasional requests "gratis" is a benefit for all.

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* Title Guide to Serials, August 1985. Available through: Library, St. Lawrence College, King W. & Portsmouth Ave., Kingston, Ontario (613) 544-5400 ext. 163 Price: $50.00

The provision of computerized literature searches for the area's medical and health professionals is on the rise. Aside from Queen's University Bracken Library and the Hotel Dieu Hospital Library (H.D.H.), both Saint Mary's on the Lake (S.M.O.L.) and the Kingston General Hospital (K.G.H.) libraries will begin offering the service this fall. As a result, plans for the formation of a local MEDLARS User Group are in the works. It is hoped that through the sharing of on-line experiences group members will sharpen and refine their strategies and skills in utilizing the MEDLARS systems to its full advantage.

With microcomputers becoming increasingly prevalent, there are concerns within the region regarding the capability and the compatibility of such equipment. More and more libraries are feeling the pinch of budget constraints and must rely on mutual sharing of resources and services and the streamlining and reduction of clerical procedures - all prime targets for microcomputer applications. Micros offer possibilities for a variety of networking and communications arrangements, as well as cooperative regional projects, and the ease at which these can be accomplished is directly proportional to the level of computer compatibility. Recently, the S.M.O.L., K.G.H. and Bracken libraries have all purchased Zenith-150 microcomputers, which are highly compatible with IBM Personal Computers. We are just beginning to explore the many uses of our equipment and hope to promote some degree of compatibility as the regional micro population expands. The cooperative efforts carried on to date are only the beginning, a starting point from which we hope to develop more extensive awareness, use and support of our regional resources.

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BRACKEN LIBRARY, QUEEN'S UNIVERSITY

Gwen Wright
Health Sciences Librarian

The Bracken Library, Queen's University, serves as the resource library for the four teaching hospitals in Kingston: Kingston General Hospital, Hotel Dieu Hospital, Kingston Psychiatric Hospital, and St. Mary's of the Lake Hospital. The latter is a chronic care institution with emphasis on rehabilitation.

Any health professional in Kingston and its surrounding area has access to the full range of services provided by the library: borrowing of materials, reference services, interlibrary loans, and on-line information retrieval. A small fee is charged for a borrower's card, and the same charges for interlibrary loan and on-line information retrieval apply to external users and internal users.

The Bracken Library has no formal outreach programme. It does provide both traditional and computer-assisted reference service on demand to hospitals in southeastern Ontario, as well as interlibrary loans. Extended loans are given to Queen's University health professionals who go from Kingston to the hospital at Moose Factory on James Bay for extended periods of time.

LIBRARY SERVICES OF THE ONTARIO MEDICAL ASSOCIATION

Jan Greenwood
Consulting Librarian

Introduction

The O.M.A. first established a Committee on Medical Library Services in 1965 and, in 1968, hired its first full-time librarian. Since then the mandate of the position has been twofold: to provide consulting services to Ontario hospitals on matters of library administration and to provide information services to the O.M.A.'s staff, Board, Executive, Committees, Sections and (17,000) members. Hospital and other health institutions throughout Ontario may call upon the services of the Consulting Librarian provided only that they have on staff a member of the O.M.A. who is supportive of the consultancy. Requests for consultations must be received in writing and have the blessing of a senior hospital administrator and/or the head of the library committee. To date hospitals have been charged only those expenses that are engendered by an overnight stay.

Internal Information Services

Within the Association, the O.M.A. Library functions more as an information centre or broker than a traditional library and the staff of three relies heavily upon the resources of other libraries within the health community to answer internal reference questions. It needs to be stressed that the collection of the O.M.A. Library is not clinical in nature. It focuses, instead, upon health and medical economics, particularly practice management, health legislation, health insurance and, increasingly, medical ethics. The collection - comprising currently only 1500 monographs and 150 journals - was recently severely weeded and a revitalization and expansion program is now underway. In addition to books and journals, extensive report and pamphlet files are maintained, as well as an index on subjects of current interest to O.M.A. staff and committees. Another major service is a database of health and medical meetings which may be accessed by topic, place, and date. The Library is responsible for indexing the Association's publication, **Ontario Medical Review**, and other internal documents, and for compiling regularly bibliographies that reflect Association interests, e.g. Medical Office Management: A Selective Bibliography which is an annual publication.

The O.M.A. Library also expends considerable energy on providing ready reference information to the general public.

Consulting Services

The primary goal of the O.M.A.'s Consulting Librarian has, traditionally, been to establish and improve library services in hospitals throughout Ontario, thereby providing a focal point for continuing education within those institutions. The vigorous promotion of professional development activities and hospital accreditation have, together, in a hospital community comprising more than 300 institutions, combined to put immense pressure upon the O.M.A.'s Library Services. In an effort to cope effectively with the demand three broad objectives have been set:

1. To alert hospital administrators to the potentially vital role in hospital affairs that can and should be played by health sciences libraries.

2. To assist hospital library committees in the planning and maintenance of health sciences libraries.

3. To upgrade the quality of library staff in Ontario hospitals.

Three mechanisms are regularly employed to meet these objectives:

1. On-site assessments and recommendations, always followed by a written report.

2. Development of documents such as terms of reference for hospital library committees, tailored core lists of recommended materials and policy/procedure manuals.

3. Group workshops and individual seminars for library staff.

Consulting reports vary enormously in their complexity depending, naturally, upon the advice requested. Requests for consultations are usually prompted either by the spectre of an imminent accreditation team, or follow on the wake of the same. In these cases what is most frequently required is an assessment of the existing services - with reference to established standards - and advice as to how these might be improved. The educational component of these reports is significant in hospitals where services are minimal and there is nobody on staff who has either training or experience in library administration. It is deemed important that administrators should appreciate just what they get for their money, and that an unsupervised collection of materials should not, under any circumstances, be equated with a library. Indeed the decision is often made to put key hospital staff members in touch with outside resources and services rather than to attempt to upgrade internal facilities.

The O.M.A. is willing, of course, to assist the small hospital for which library services are not economically viable in developing a reference collection. Hospital administrators or other appropriate staff members are helped in their selection of materials by specially tailored core lists and with advice on the acquisitions process. Much of the Consulting Librarian's work is carried out by correspondence and telephone. Other tasks carried out by the O.M.A.'s Consulting Librarian on behalf of hospitals include:

1. Assistance in drafting proposals to obtain funding for the establishment or improvement of library services.

2. Development of short and/or long term plans for the implementation of library services.

3. Drafting of outlines for policies and procedures manuals tailored to individual hospital needs.

4. Recommendations for forming library committees.

5. Assistance and advice to site managers, administrators or architects on physical planning for new or expanding library facilities.

6. Assistance in the hiring and/or training of library staff.

Since the quality of library staff would appear to be a prerequisite for good library services the O.M.A. has been generous in its support of CE workshops and seminars in the field of librarianship. For many years it cosponsored, with the Registered Nurses Association of Ontario and the Ontario Hospital Association, an annual workshop for health library staff in Ontario. Since 1980 the O.M.A. has been the sole sponsor of a biennial workshop and has supported to a significant degree the Consulting Librarian's involvement in many workshops, conferences and seminars offered by other organizations.

Revision of O.M.A. Manual

As many **BMC** readers will be aware, the O.M.A. has published two editions of a manual intended to assist the staff of small health care (particularly hospital) libraries. At this time the second edition is very close to being out of print and there is reluctance on the part of the Librarian to re-issue it without considerable revision; **BMC** readers are invited to forward any comments, criticisms or suggestions that would be helpful to the publication of a third edition.

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B.C. NEWS

Judy Neill

Medical Library Service
College of Physicians & Surgeons of B.C.

HLABC is pleased to announce (at last!) that its Union List of Serials in Health Libraries in British Columbia is available as of September 1985. The document is being distributed free to participating libraries. Non-participants wishing to purchase the 106 page union list may do so by sending $15.00 to:

Mrs. Adrienne Clark,
President, Health Libraries Association of B.C.
c/o B.C. Medical Library Service,
1807 West 10th Ave.,
Vancouver, B.C. V6J 2A9
(604) 733-6671

Our membership is looking forward to its October meeting at the new Cancer Control Agency of B.C. The guest speaker will be Dr. J.M. Connors of the Division of Medical Oncology, CCABC, speaking on "Unproven Methods of Cancer Treatment". An informal tour of the new library facility will follow.

Speaking of CCABC, the library has added a new librarian to its staff. Marjorie Nelles joined the library on a part-time basis in April 1985. Another new position was recently filled at the VGH/UBC Eye Care Centre at Vancouver General Hospital by Ann Moir, a 1983 graduate of the UBC School of Librarianship.

HLABC welcomes these newcomers to the health library community here in B.C.

CORE LISTS HELD AT HSRC/LES LISTES DE BASE CONSERVEES AU CBSS

HSRC/CBSS attempts to maintain a comprehensive collection of core lists for health libraries and invites BMC readers to assist in this endeavour by submitting any new or revised editions as they are published

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FROM THE HEALTH SCIENCES RESOURCE CENTRE

Marilyn E. Schafer
Health Science Resource Centre

The Canadian Index of Scientific Translations began in 1948 as a result of a 1946 commonwealth-wide scientific conference at which duplication of effort and means of avoiding it were discussed. As the National Research Council of Canada's (N.R.C.C.) contribution, the Canadian Index was set up. For over twenty years card files were maintained and new entries traded among the participating nations. The arrangement eventually fell apart as it became too costly for many to support.

The Index, as it is know, re-negotiated exchange agreements in the 1970's and Canada now has separate exchange arrangements with the largest translation-producing countries. Translations prepared in the United Kingdom are referred to us regularly by the British Library Lending Division. United States translations are listed in the Translations Register-Index (National Translation Center). World Transindex (jointly published by International Translations Centre and Centre National de la Recherche Scientifique) provides coverage of European translations.

Canadian organizations are invited, not only to check with the Index before arranging for translation of material, but also to report and store completed translations with CISTI.

All translations prepared in Canada, if reported to CISTI, are automatically reported to the National Translations Center, John Crerar Library, Chicago, for listing in the Translations Register-Index; to the International Translation Centre, Delft, Netherlands, for listing in World Transindex; and to the British Library Lending Division (B.L.L.D.) in the United Kingdom.

All of the Canadian Translation of Fisheries and Aquatic Sciences series, most of the Canadian Wildlife Service series (Environment Canada), many of the Geological Survey of Canada series (Energy, Mines and Resources Canada), and numerous other translations are stored with CISTI for distribution. These copies are non-circulating but are available through photocopy reproduction.

In September 1982, the Index switched to using MINISIS for building a database of translations. Rather than catalogue cards, laser-printed computer generated listings are sent to exchange partners. Each item input to the database gets full bibliographic description including where the translation is available, but no keywords. Title keyword search only is available on the 43,000 records in the database to date. Note that the card backfile comprises more than half a million records and, as is the way of card catalogues, is only accessible by the name of the first author.

Canadian translations are reported to the Index, and then by the Index at the rate of 1200 per year, and cards received from B.L.L.D. are also entered into the database at a rate of about 7000 items per year. These last are given lower priority for entry into the online file as they are reported in World Transindex as well.

CISTI also maintains a large selection of cover-to-cover and selected article translated versions of foreign language periodicals. Consult CISTI's Circulation section (993-1600), or ask the Reference section of a local university or public library whether CISTI holds a translation version of the foreign language journal you seek.

The Translation Bureau, Secretary of State, requires that all government departments or agencies requesting translations check first with the Canadian Index of Scientific Translations to avoid duplication. The Index will advise the requesting department if there is already a translation in existence or in process.

The Index receives requests, not only from Canadians, but also from people all around the world who are looking for translations of documents and reports. The success rate for finding translations is 1 in 4 or 5, or 20-25%. Last fiscal year the Index searched for 7,483 items and found 1,657 translations, and input 5,489 records on-line. And all this with only two full-time staff!

When requesting information or copies, please include the following details:

- Journal or publication title (in transliterated form if original text is in the Cyrillic alphabet, Chinese or Japanese)
- Volume, issue, year
- Pagination
- Author(s) or editor
- Title or article
- Source of reference

For further information write or phone:

Canadian Index of Scientific Translations
Canada Institute for Scientific and Technical Information
National Research Council Canada
Ottawa, Canada
K1A 0S2
Telephone: (613) 993-3372
Envoy 100: CISTI-TRANS

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UN MESSAGE DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ

Marilyn E. Schafer
Centre bibliographique des sciences de la santé

Le Répertoire canadien des traductions scientifiques a vu le jour en 1948 après qu'une conférence scientifique tenue en 1946 et auquelle participaient les pays du Commonwealth ait examinée les moyens d'éviter le dédoublement des tâches. La contribution du Conseil national de recherches du Canada consista à mettre sur pied le Répertoire. Pendant plus de vingt ans des fichiers de cartes furent conservés et les nouvelles entrées échangées entre les pays participants. Cette façon de procéder fut abandonnée à mesure qu'elle devenait trop coûteuse pour certains pays.

Au cours des années soixante dix, le Répertoire négocia à nouveau des ententes qui permettent maintenant au Canada d'avoir des modalités séparées d'échange avec les pays où le volume de traduction est important. Les traductions effectuées au Royaume-Uni

sont signalées au Répertoire par la British Library Lending Division (B.L.L.D.), celles faites aux États-Unis apparaissent dans le Translations Register-Index (National Translation Center) alors que les documents traduits dans les pays d'Europe sont recensés par le World Transindex (publié conjointement par le Centre national des traductions et le Centre national de la recherche scientifique).

Les organismes canadiens sont priés non seulement de consulter le Répertoire avant de commander la traduction d'un document mais également de signaler et de déposer leurs traductions à l'ICIST.

Toutes les traductions effectuées au Canada et répertoriées à l'ICIST sont automatiquement signalées au National Translations Center de la John Crerar Library à Chicago afin d'être recensées dans le Translations Register-Index; au Centre international des traductions à Delft aux Pays-Bas qui les verse au World Transindex et également à la British Lending Library au Royaume-Uni.

Toute les traductions de la série Traduction canadienne des sciences halieutiques et aquatiques (Pêches et Océans)et la plupart de celles du Service canadien de la faune (Environnement Canada) et de la Commission géologique du Canada (Énergie, Mines et Ressources) ainsi qu'un grand nombre d'autres traductions sont déposées à l'ICIST à des fins de diffusion. Ces documents ne circulent pas mais sont offerts sous forme de photocopies. Au mois de septembre 1982, le Répertoire s'est converti au système MINISIS afin de mettre sur pied une base de données des traductions. En remplacement des fiches, des listes produites par ordinateurs et imprimées au laser sont envoyées aux organismes qui participent aux échanges. Chacune des entrées comprend des renseignements bibliographiques complets y compris l'endroit ou il est possible d'obtenir le document mais n'incluent pas de mots-clés. Une recherche par les mots-clés du titre n'est possible que pour les 43 000 notices versées à ce jour dans la base de données. Il est à remarquer que le fichier rétrospectif renferme plus d'un demi million de références classées, à l'exemple des catalogues sur fiches, par ordre alphabétique du nom du premier auteur.

Les traductions effectuées au Canada sont portées au Répertoire qui les signale à un rythme de 1200 par année. Les quelque 7000 fiches envoyées chaque année par la B.L.L.D. sont également versées dans la base de données. Ces dernières n'ont toutefois pas la priorité étant donné qu'elles apparaissent également dans le World Transindex.

L'ICIST conserve également une importante collection de traductions intégrales de revues étrangères de même que la traduction de certains articles. Le Service du prêt de l'ICIST (993-1600) ou encore le service de référence d'une bibliothèque universitaire ou publique sont en mesure de vous indiquer si l'ICIST conserve la traduction de la revue étrangère qui vous interesse.

Le Répertoire n'est pas uniquement au service des Canadiens; il reçoit également les demandes de tous ceux qui, à travers le monde, veulent retracer la traduction d'un document ou d'un rapport. Le Répertoiret parvient à localiser environ une traduction pour quatre ou cinq demandes qui lui sont adressées, soit un taux de réussite de 20 à 25 pour 100. Au cours du dernier exercice financier, le Répertoire a effectué des recherches pour 7483 documents, réussi a localiser 1657 traductions et introduit 5489 notices dans le fichier à interrogation en direct. Tout ce travail a été accompli avec seulement deux employés à plein temps!

En soumettant votre demande de renseignements ou de documents, veuillez indiquer:

- le titre de la revue ou de la publication (translittéré dans le cas des documents en caractères cyrilliques, en chinois ou en japonais)

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- la pagination
- le nom de l'auteur ou des auteurs ou celui du directeur de la publication
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Pour de plus amples renseignements, veuillez vous adresser au:

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UPCOMING MEETINGS

1986 CHLA/ABSC ANNUAL MEETING

The 1986 CHLA/ABSC Annual Meeting is honoured to have as its keynote speaker **Dr. Margaret A. Somerville** whose topic will be:

> In search of excellence in health care: legal and ethical imperatives - impediments and safeguards

Dr. Somerville obtained her A.V.A. in Adelaide, her L.L.B. from Sydney and a D.C.L. from McGill. She holds professorships at McGill in both the Faculty of Medicine and the Faculty of Law, is a Medical Scientist at the Royal Victoria Hospital, a Consultant to the Federal Law Reform Commission of Canada, and a reviewer for C.M.A.J.

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37th INSTITUTE ON HOSPITAL AND COMMUNITY PSYCHIATRY

From October 13-17 the above institute will be held for the first time in Canada at the Notre-Dame Hospital in Montreal. For further information contact Ms. Sandra M. Hass, Institute Coordinator American Psychiatric Association, 1400 K St., N.W., Washington, D.C. 20005, U.S.A. (Tel. 202-682-6174).

* * * * * * * * * *

LE GROUPE D'INTERET DES BIBLIOTHEQUES DE LA SANTÉ DE L'ASTED

Louise Deschamps
President

Une autre année tire déjà à sa fin. Les membres du comité exécutif des bibliothèques de la santé de l'Asted sont heureux de vous faire part des activités et des événements qui ont eu lieu depuis le début de leur mandat en novembre 1984.

1. En décembre 1984, envoi à tous les membres, du compte-rendu des activités organisées par le groupe d'intérêt des bibliothèques de la santé lors du congrès 1984.

2. Correspondance avec l'INSERM, France, pour la traduction française du MeSH. Dès que nous aurons une réponse définitive, nous vous le ferons savoir.

3. Entretien des liens avec les différents réseaux de bibliothèques de la santé du Québec.

4. Le 10 mai 1985, journée d'étude sur l'informatisation de la bibliothèque médicale. Soixante (60) personnes y ont assisté.

5. En juin 1985, envoi à tous les membres, d'une lettre leur expliquant les services offerts par l'Institut canadien de l'information scientifique et technique à Ottawa.

La dernière activité n'a pas encore eu lieu; elle se tiendra du 24 octobre 1985 au 27 octobre 1985 lors du congrès annuel de l'Asted, dont le thème général est, cette année: AUTOMATISATION: SERVICE, RESEAU, MICRO.

Permettez-moi donc de vous donner un apercu des activités qui auront leiu lors de ce congrès et qui seront organisées par la section des BIBLIOTHEQUES DE LA SANTE.

Ces activités auront principalement lieu le vendredi 25 octobre 1985 durant l'après-midi:

- Dîner-recontre informel
- 1ère partie: - le système expert: ce qu'il est, les différentes sortes, son avenir.
  - conférencier invité: le docteur Robert Perreault
    Institut de recherches cliniques de Montréal
  - Identification des rôles non traditionnels du spécialiste de la documentation.
- 2e partie: - Courte assemblée générale
  - Télidon et télé-santé conférencier invité:
    monsieur Louis-Luc Lecompte
    Hôpital Ste-Justine

Nous vous attendons en grand nombre à ce congrès; votre participation est importante car les thèmes étudiés vous feront découvrir de nouvelles possibilités pour votre centre de documentation.

PRESENTATION DES ATELIERS DU GROUPE D'INTERET

DES BIBLIOTHEQUES DE LA SANTÉ

L'informatique a déjà touché de vastes secteurs de la médecine avec la tomographie axiale, les tests de laboratoire automatiques et les recherches bibliographiques informatisées. Ce n'est pas fini. On développe à l'heure actuelle des logiciels qui aideront le médecin à préciser son diagnostic et à choisir la thérapeutique appropriée. Les programmes les plus simples, à l'aide des réponses obtenues à leurs questions, peuvent établir un diagnostic différentiel, recommander les analyses utiles, soumettre un éventail de choix thérapeutiques et indiquer les textes-clés sur le sujet. Les systèmes experts les plus évolués, en plus d'utiliser les connaissances de spécialistes chevronnés et des calculs statistiques complexes, expliqueront leur démarche et justifieront leurs propositions, ce qui en fera des instruments d'enseignement de choix. Ils "apprendront" à raffiner leur diagnostic et les traitements proposés grâce au "feedback" qu'on leur donnera.

Une autre façon non traditionnelle pour les bibliothèques de fournir de l'information au personnel médical, c'est le réseau Télidon-Santé, qui affiche à l'écran plusieurs modules d'enseignement et donne les dernières nouvelles sur les activités scientifiques et la vie des établissements dans la région de Montréal.

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